

Provider Name:

DHS Child Care Scholarship Program Provider Application Form

Please complete the information on this form (keep a copy for your records), enclose the requested information, and return all applicable pages to:

Tennessee Department of Human Services Citizens Plaza Bldg, 12th floor Attn: Child Care 400 Deaderick St Nashville, TN 37243

Address:	FEIN:	
		Phone No()
City:	Zip	County:
Director/Owner		
Provider type (check	cone):	
	enter (DHS Licensed)	
☐ Child Care C	enter (DOE Certified)	
☐ Group Day C	Care Home	
□ Family Day 0	Care Home	
☐ Exempt prov	vider (Boys and Girls Club)	
Yes , I would like to par	ticipate in the DHS child care scho	larship program
		ine child's eligibility (see attachment)
• If you		ate payments, you <u>must also</u> enclose:
	W-9 form (attached);	
	 ACH Direct Deposit form (attached); A copy of your rates and fee policies; and 	
	Provider Agreement Form (at	•
,	or Trovider Agreement Torni (at	tacheuj
		n, but do not have any eligible families at this time, please let on the information listed above when you identify an eligible ch
know <u>now</u> that you in	tenu to participate. Tou may sen	u the information listed above when you identify an eligible cr
		olarship program

Important information for providers who <u>DO NOT</u> currently accept certificate children <u>How to receive payment</u>

In order to receive payment for scholarship children, you must sign up to complete an Enrollment Attendance Verification (EAV) online. This website tells you how to sign up: http://www.tennesseeanytime.org/online/eavpay.pdf

An EAV is like a calendar. For each day that a scholarship child is in your care, you will enter in the number of hours he/she attends. You can view an online demonstration at: http://www.tennesseeanytime.org/eavpay/demo/index.htm